

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7872</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>GARY</u> <u>L.</u> <u>YOUNGHANS</u> P.O. Box, Bldg., Room No., if any <u>SUITE #101</u> Street <u>3049 SO. 36TH</u> City <u>TACOMA</u> State <u>WA.</u> ZIP Code + 4 <u>98409-5729</u>	4. Name, file number, and address of labor organization. Name <u>I.B.E.W. LOCAL 76</u> Labor Organization File Number <u>010-422</u> P.O. Box, Building and Room Number, if any <u>SUITE #101</u> Street <u>3049 SO. 36TH</u> City <u>TACOMA</u> State <u>WA.</u> ZIP Code + 4 <u>98409-5729</u>
5. Position in labor organization. <u>BUSINESS REPRESENTATIVE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/9/05</u> Date	<u>253-475-1190</u> Telephone Number

Name of Person Filing <u>GARY L. YOUNGMAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>MARCO CONSULTING GROUP</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>550 W. WASHINGTON</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>ILLINOIS</u> ZIP Code + 4 <u>60661</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>LOCAL UNION 76 IBEW JOINT TRUST</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>P.O. BOX 220</u></p> <p>Street <u></u></p> <p>City <u>SOAP LAKE</u></p> <p>State <u>WASHINGTON</u> ZIP Code + 4 <u>98851</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>TRUST MEETING GOLF OUTING 64⁰⁰</u></p> <p>11.b. Approximate dollar value of such dealing. <u>64⁰⁰</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><u></u></p>

Name of Person Filing <u>GARY L. YOUNGHANS</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>MORGAN & COMPANY / NEW YORK LIFE</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>SUITE #700</u> Street <u>720 S.W. WASHINGTON ST.</u> City <u>PORTLAND</u> State <u>OREGON</u> ZIP Code + 4 <u>97205</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer						
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>LOCAL UNION 76 IBEW JOINT TRUST</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any <u>P.O. BOX 220</u> Street City <u>SOAP LAKE</u> State <u>WASHINGTON</u> ZIP Code + 4 <u>98051</u>	11.a. Nature of such dealing. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;">TRUST MEETING LUNCH</td> <td style="border-bottom: 1px solid black; width: 20%; text-align: right;">4391</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TRUST MEETING GOLF OUTING</td> <td style="border-bottom: 1px solid black; text-align: right;">8750</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CHARITY GOLF OUTING</td> <td style="border-bottom: 1px solid black; text-align: right;">25000</td> </tr> </table> 11.b. Approximate dollar value of such dealing. <u>38191</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 12.b. Amount. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	TRUST MEETING LUNCH	4391	TRUST MEETING GOLF OUTING	8750	CHARITY GOLF OUTING	25000
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing <u>GARY L. YOUNGHANS</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>LOCAL UNION 76 IBEW JOINT TRUST</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>PO. BOX 220</u></p> <p>Street <u></u></p> <p>City <u>SOAP LAKE</u></p> <p>State <u>WASHINGTON</u> ZIP Code + 4 <u>98851</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>IBEW LOCAL UNION #76</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE #101</u></p> <p>Street <u>3049 So. 36TH ST.</u></p> <p>City <u>TALOMA</u></p> <p>State <u>WASHINGTON</u> ZIP Code + 4 <u>98409-5729</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>OUT OF POCKET RE-IMBURSEMENT</u> <u>WHILE ATTENDING TRUST CONFERENCE</u></p> <p><u>AIR FARE 221⁰⁰</u> <u>MEALS 118²⁵</u></p> <p>11.b. Approximate dollar value of such dealing. <u>339²⁵</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u></u></p> <p>12.b. Amount. <u></u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <p><u></u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value ~~from a business~~ (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

14.b. Amount of payment.